

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
JOSE LANDA  
and GARLAN SUPERMARKET, INC.

Plaintiffs,

Case No. 08 CV 5830

- against -

UNITED STATES DEPARTMENT OF  
AGRICULTURE, FOOD AND CONSUMER  
SERVICE

AFFIDAVIT OF SERVICE

Defendant.  
-----X

STATE OF NEW YORK     )  
                                  ) ss:  
COUNTY OF NEW YORK    )

ASTON G. EVANS II, being duly sworn, hereby deposes and says as follows:

1. I am not a party to this action and I am over the age of eighteen (18) years and reside at 1529 East 172<sup>nd</sup> Street, Bronx, New York.

2. On July 1, 2008, at 9:10 a.m., at 201 Varick Street, Room 609, New York, New York deponent served the within Summons and Complaint on the United States Department of Agriculture, Food and Consumer Service, defendant therein named, a federal agency, by delivering thereat a true copy to Alexander Wilson personally. Deponent knew said federal agency so served to be the federal agency described in said Summons and Complaint and knew said individual Alexander Wilson, Program Technician, thereof, and who indicated that he is authorized to accept service on behalf of the federal agency.

3. Alexander Wilson is a white male, age 51-65, 5'9"-6'0", with a bald head and weighs 131-160 lbs.

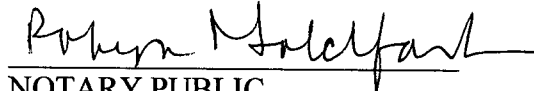
4. At the time of service, I asked Mr. Wilson if he is in active military service for the United States of America or for the State in any capacity whatever or dependent upon a person in

active military service and received a negative reply.



ASTON G. EVANS, II  
License No. 1220069

Sworn to before me this 8TH  
day of JULY, 2008



NOTARY PUBLIC

ROBYN GOLDFARB  
Notary Public, State of New York  
No. 02GO6164684  
Qualified in Bronx County  
Commission Expires April 30, 2011

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
JOSE LANDA :  
and GARLAN SUPERMARKET INC., :  
Plaintiff, :

-against-

UNITED STATES DEPARTMENT OF :  
AGRICULTURE, FOOD AND :  
CONSUMER SERVICE, :  
Defendant. :

**AFFIDAVIT OF SERVICE**

Case No. 08-cv-5830 (BSJ)

-----X  
STATE OF NEW YORK)  
COUNTY OF BRONX )ss.:

TRINIDAD TOLAND, being duly sworn, hereby deposes and says:

1. I am over 18 years of age, I am not a party to this action, and I reside in Bronx, New York.

2. That on June 30, 2008, your deponent served the Summons in a Civil Action issued by the United States District Court, Southern District of New York Clerk and the Complaint on:

a) United States Attorney's Office, Southern District of New York, Attn.: Civil Process Clerk, 86 Chambers Street, New York, New York 1007 by certified mail, return receipt requested #7007-2680-0000-7595-2323, pursuant to F.R.C.P. Rule 4(i)(1)(A)(ii) with a courtesy copy to Joseph Cordero, Esq., Assistant United States Attorney with the United States Attorney's Office, Southern District of New York, 86 Chambers Street, 3<sup>rd</sup> Floor, New York, New York 10007, certified mail, return receipt requested #7007-2680-0000-7595-2422;

b) Attorney General of the United States, United States Department of Justice, Room B-103, 950 Pennsylvania Avenue N.W., Washington D.C. 20530-0001, by certified mail,

return receipt requested #7007-2680-0000-7595-2491, pursuant to F.R.C.P. Rule 4(i)(1)(B)

c) United States Department of Agriculture, Food & Nutrition Service, 201 Varick Street, Room 609, New York, New York 10014, by certified mail, return receipt requested #7007-1490-0004-6973-5916, pursuant to F.R.C.P. Rule 4(i)(2).

Sworn to before me this  
16<sup>th</sup> day of July, 2008

Trinidad Toland  
TRINIDAD TOLAND

Myrna Socorro  
NOTARY PUBLIC

MYRNA M. SOCORRO  
Notary Public, State of New York  
No. 02SO6109100  
Qualified in Westchester County  
Commission Expires April 26, 2012

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

United States Attorney's Office  
Southern District of New York  
86 Chambers Street  
New York, New York 10007

Attn.: Civil Process Clerk

2.

PS

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

T Ford

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

T Ford

## C. Date of Delivery

7/1/08

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

NEW YORK NY 10007

Postage

\$

\$1.68

Certified Fee

\$

\$2.70

Return Receipt Fee  
(Endorsement Required)

\$

\$2.20

Restricted Delivery Fee  
(Endorsement Required)

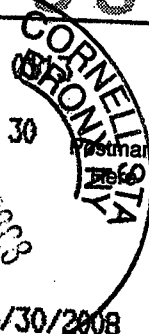
\$

\$0.00

Total Postage &amp; Fees

\$

\$6.58



Sent To Attn.: Civil Process Clerk  
United States Attorney's Office  
Street, Apt. No.; Southern District of New York  
or PO Box No. 86 Chambers Street  
City, State, ZIP+4

New York, New York 10007

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph Cordaro, Esq.  
 United States Attorney's Office  
 Southern District of New York  
 86 Chambers Street, 3rd Floor  
 New York, New York 10007

2.

PS

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

T Ford

☐ Agent☐ Addressee

B. Received by (Printed Name)

T Ford

C. Date of Delivery

7/11/08

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

12

102595-02-M-1540

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

NEW YORK NY 10007

Postage

\$ 1.68

Certified Fee

\$2.00

Return Receipt Fee  
(Endorsement Required)

\$2.00

Restricted Delivery Fee  
(Endorsement Required)

\$0.00

Total Postage &amp; Fees

\$ 6.68

0113

JUN 30

06/30/2008

CORNELL STA  
BRONX NYSent To: Joseph Cordaro, Esq.  
United States Attorney's OfficeStreet, Apt. No., or PO Box No. Southern District of New York  
86 Chambers Street, 3rd FloorCity, State, ZIP+4  
New York, New York 10007

PS Form 3800, August 2006

See Reverse for Instructions

2007 2680 0000 7595 2422

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney General of the U.S.  
 United States Dept. of Justice  
 Room B-103  
 950 Pennsylvania Avenue, N.W.  
 Washington, D.C. 20530-0001

2. Article Number

(Transfer from service label)

7007 2680 0000 7595 2491

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Samuel J. Parkin*☐ Agent☐ Addressee

B. Received by (Printed Name)

JUN 30 2008

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

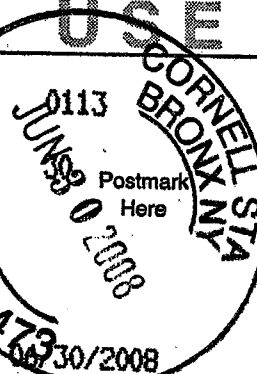
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

WASHINGTON DC 20530

Postage	\$	\$1.68
Certified Fee		\$2.76
Return Receipt Fee (Endorsement Required)		\$2.25
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.58



Sent To Attorney General of the U.S.  
 United States Dept. of Justice

Street, Apt. No., Room B-103  
 or PO Box No. 950 Pennsylvania Avenue, N.W.

City, State, ZIP+4  
 Washington, D.C. 20530-0001

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0000 7595 2491

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

United States Dept. of Agriculture  
Food & Nutrition Service  
201 Varick Street, Room 609  
New York, New York 10014

## 2. Article Number

(Transfer from service label)

7007 1490 0004 6973 5916

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

A. Wilson

## C. Date of Delivery

7/1/08

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

NEW YORK NY 10014

Postage	\$	\$1.68
Certified Fee		\$2.70
Return Receipt Fee (Endorsement Required)		\$3.20
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$7.58



Sent To United States Dept. of Agriculture  
Food & Nutrition Service

Street, Apt. No.;  
or PO Box No. 201 Varick Street, Room 609

City, State, ZIP+4  
New York, New York 10014

PS Form 3800, August 2006

See Reverse for Instructions

7007 1490 0004 6973 5916